

now impersonally discard it, not with reproaches or accusations of narrow-mindedness, or criticisms of any kind, but simply on the practical ground that it is ineffective; that it is weak and futile; that it has never actually done what we wanted to accomplish. The cause of the education that we have at heart has in no way ever been advanced by the exclusion method. Those who have practised it the most have gone back or stood still, and our best successes have resulted from modifying our "caste" ideas.

I believe that as we modify them more and more in the future, we shall be more and more active in our progress. We aim at a general standard of good all-round training. Now, how can we best bring it about? If there is a little hospital somewhere that we think is not giving its nurses a good training, and we want to bring it into some general scheme, are we more likely to make the desired impression upon it by saying "Keep away from us," and in the next minute, "We are an example for you to follow," or by entering into helpful and friendly relations with it and by trying to help solve its problem?

The exclusion method belongs to the old static conception of the world and society; it is of the type of thought which held everything to be definite and fixed; when special acts of creation were believed in, and when people were told, "Let everyone be content in that sphere of life in which he has been placed." Is it not time to lay it away with the other outgrown habits, and conscientiously act in accordance with the theory of progressive development, seeking affiliation with all who have kindred enthusiasms and making common purpose the true test of membership in our young and growing associations?

THE DUTIES OF AN OPERATING-ROOM NURSE

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(Concluded)

THE room being ready, the sterile goods are taken in and placed on a side-table. Four large basins are conveniently placed for disinfecting the hands. These basins should contain respectively a solution of corrosive sublimate (1 to 5000), a solution of permanganate of potassium (1 to 20), a saturate solution of oxalic acid (two parts) to hydrogen of peroxide (one part), and sterile water. The rubber gloves may be placed in the sterile water after they have been boiled. The salt-solution is kept at the proper temperature by placing the flasks in hot water.

The operating-table is padded with folded sheets for the patient's comfort, and small pads are provided for the protection of any part subjected to great pressure due to prolonged elevation of some part of the body, as in the Trendelenburg position, where pressure comes on the shoulders from the braces which support them.

On the etherizer's stand should be placed, besides ether and the ether-cone, a hypodermic syringe, stimulants, tongue-forceps, a gag, a basin, towels, and gauze. Tables are provided for the instruments, etc., and receptacles for soiled sponges.

While the ether is being administered in an adjoining room, the surgeons prepare themselves for the operation, the operating-room nurse assisting them with their gowns and head-coverings. She opens sterile goods which they need, and brings in instruments, etc., in the trays in which they have been sterilized. She then prepares herself as they have done, scrubbing her hands and arms above the elbows with soap and water for five minutes, rinsing them with running water, then successively putting them through the permanganate, oxalic, and corrosive solutions. Next she puts on her sterile gown and rubber gloves, and is ready when the patient is brought in.

The table for the instruments is covered with a sterile sheet, and there is another one covered in the same way for the sponges, ligatures, needles, etc., which are the nurse's special care.

She counts the sponges or strips in each package as it is opened, the assistant nurse recording the number, to be compared with her count of the soiled ones, which follows the operation if it be a laparotomy.

The surgeon, his assistant, and the operating-room nurse are sterile for the operation, and there are usually another assistant surgeon and nurse, who are not sterile, to attend to many of the minor details in the operating-room.

The operating-room nurse assists the surgeon with sponges, ligatures, and sutures; she keeps instruments clean and ready for use, and is sometimes required to hold retractors or specula.

She must be familiar with the names of all instruments, and anticipate as far as possible every requirement of the surgeon. Much depends on her intelligence and quiet self-possession. After the operation she assists in applying the aseptic dressing and the bandages or swathes.

When the patient is taken out, all soiled sheets, gowns, sponges, etc., must be removed from the room, the instruments must be cleansed and polished, and the room put in perfect order. Any stains on the floor should be removed while they are fresh.

The instruments are scrubbed with cold water first, then with soap and hot water; then they are boiled as before the operation, and

finally dried and polished. All knives are sent to be sharpened after being used once, and all other instruments are sent to be repaired whenever it is necessary.

Rubber gloves are tested with water for punctures, and if perfect are washed, boiled for three minutes, dried quickly with towels, and powdered on both sides. Punctured gloves make very good examining gloves, cots being used to replace the punctured fingers, which should be cut off. Rubber gloves are very expensive, and in some cases white cotton gloves which have been sterilized may be used by the nurse as a substitute.

Requisition lists for all supplies and repairs are sent in by the operating-room nurse, and this adds one more to her many duties.

In all her work let the operating-room nurse remember that each duty, however small, is important, and that each successful operation is in a measure due to her faithfulness.

LYSOL is not a favorite with all surgeons because of its soapy properties, but in some cases this is an advantage; for instance, when used for the disinfection of catheters, it precludes the necessity of any other lubricant. This fact is not always appreciated, but we will do well to bear it in mind, remembering at the same time that few lubricants are sterile.

ARTICLES of clothing intended for disinfection in the steam sterilizer should not be folded. Boots, shoes, rubbers, kid gloves, buttons of horn, fur-trimmed garments, feather-trimmed garments, overcoats, articles made of skins, hats, caps, velvets, etc., are all injured, and many of them ruined, by subjection to disinfection in the steam sterilizer.

THE power of carbolic acid as ordinarily used in solution is preventive rather than destructive, hence the term antiseptic. It is, however, destructive in the stronger solutions, as five per cent., and its destructive action may be increased by a slight increase in temperature. It is so little influenced by albumin that it is naturally widely used in place of more powerful disinfectants.